

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14831

State File No. _____

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (If in this place) <u>7 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u> d. STREET ADDRESS (If rural, give location) <u>North 10th St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Roy</u> c. (Last) <u>Dennis</u>		4. DATE OF DEATH <u>March 28, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	8. DATE OF BIRTH <u>December 30, 1885</u>
9. AGE (In years last birthday) <u>67</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck owner + operator</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Emaline Hatfield</u>	
14. NAME OF HUSBAND OR WIFE <u>Not Known</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Wood, Lexington, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Fibrosis of lungs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>525X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3/19/1953</u> , to <u>3/28/1953</u> , that I last saw the deceased alive on <u>3/28/1953</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ben H. Brasher M.D.</u>		23b. ADDRESS <u>Lexington, Mo.</u>	
23c. DATE SIGNED <u>5/6/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 31, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>	
24d. LOCATION (City, town, or county) (State) <u>Dover, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Eastman</u>	
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Eastman</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Be...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. M. Kean

Licensed Embalmer No. *2983*

P. O. Address *St. Louis, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.